

7070 Partnership for Wraparound Services

Youthprise

Youthprise & Ramsey County Corrections Partnership for Wraparound Services

Youthprise and Ramsey County Community Corrections are partnering to deliver innovative youth and family focused strategies that build on family and community assets to address key success indicators for youth development and public safety such as education, after school time and positive family support.

We know that the percentage of youth 14 and younger on probation with Ramsey County Corrections has increased from 18% in 2010 to 30% in 2013. Of these youth, 50% are formerly Human Services cases and 25% are currently involved in both systems. Out-of-home placements for Juvenile Corrections doubled between 2012 and 2013. Youth placed are younger and primarily African American. In addition, the mental health issues facing youth in the Correctional system has been well documented, with an estimated 60% of youth experiencing mental health needs. This profile has left Probation in dire need of finding appropriate responses to the population.

Youthprise is requesting proposals to develop a High Fidelity Wraparound program based in Ramsey County focused on youth and families in the Juvenile Corrections system. A national, evidenced based strategy, Wraparound has successfully reduced the need for out of home placement of children in Child Welfare and Corrections. Applicants should be agencies with the capacity to meet the cultural needs of families within the target population for Wraparound.

Agencies applying must demonstrate a practice that embraces family voice and choice, and facilitates connecting families to natural supports. This is a three-year investment that will initially target approximately 50 families annually.

Funding will include certification and any related travel costs. The estimated annual budget, based on a per unit rate structure to work with approximately 30 to 50 families, is \$160,000 to \$200,000. Flex funds to address access to after school programming and family needs not covered by county resources or medical insurance, will also be a part of available funding.

Scope of Services

Youth referred to High Fidelity Wraparound from Corrections will be male and female and meet the following criteria, however, engagement and services are directed at the whole family:

- a) 14 years and younger;

b) Score medium to high risk on the Youth Level of Service Inventory (YLSI);c) Youth may be multi-system involved (Corrections, Social Services, School, Mental Health, Chemical Health, MFIP); and

d) Youth and family evidence a need for support in one or more systems regarding education, chemical health and/or mental health.

Youthprise and Ramsey County Project Goals:

- Empower participants– provide choice;
- Build on resiliency/assets - enhance inherent and existing capacities, build more capacity for self- sufficiency in participants; and
- Build community capacity– leverage trusted community organizations

Agencies applying are required to complete the following:

- Become certified in High Fidelity Wraparound;
- Assign a manager for at least 50% time in the first 18 months to this project, to become trained in coordinating High Fidelity Wraparound within the agency and to liaise with Youthprise and Ramsey County. This manager will need to remain dedicated to ensuring fidelity to the model within the organization; and
- Assign staff to be trained as facilitators to implement work with families.

Background:

Wraparound, as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), is a “unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.” Wraparound is a relational process of caring for youth that is designed to keep the family together, thus avoiding the risk of out-of-home placements. The Wraparound planning process involves a community care team that consists of the youth, his/her natural support system (e.g., family members and friends), and formal supports (e.g., social workers, teachers and probation officers). The goal of the focused planning process is to help youth thrive and live harmoniously within their families and communities by honoring family choice, and respecting and incorporating the families’ cultures into the Wraparound process.

Youth are determined to be at risk of out of home placement (OHP) for Correctional reasons by the youth’s Probation Officer or his/her supervisor, or youth is returning from an out of home placement. The Department’s risk assessment instrument most frequently identifies education and leisure/recreation as areas of high risk for youth. These risks, combined with a high number of youth who also have mental health issues and have experienced trauma, result in the need for a unique set of services to address this population.

Key in this process is that youth and families take the lead in defining and deciding what is most important to their family's success. A trained Wraparound facilitator will coordinate a team identified by the youth and family to support them. The team will work together with direction from the youth and family to help prioritize their needs. Wraparound involves families at all levels of the system and aggressively monitors quality and outcomes. It operates from a value base that emphasizes building strengths to meet needs; one family – one plan of care. Outcomes include increased family independence, and care for youth in the context of family and community.

The four phases of the Wraparound process are:

1. Engagement and team preparation
2. Initial plan development
3. Implementation
4. Transition

For more information on Wraparound, see the U.S. National Wraparound Initiative website: <http://www.nwi.pdx.edu/>

Guiding Principles:

With funding from Ramsey County, Youthprise plans to partner with an agency or agencies that adhere to the 10 guiding principles and the four phases of the Wraparound process as defined by the U.S. National Wraparound Initiative:

1. Family voice and choice
2. Team based
3. Natural supports
4. Collaboration
5. Community based
6. Culturally relevant
7. Individualized
8. Strengths based
9. Persistence
10. Outcome based

Wraparound Program Activities:

- a. Provider will successfully engage and guide youth/family in the Wraparound process and develop a functional team, as determined by participation in the Wraparound Phase Two;
- b. Provider will successfully guide the team in developing an initial plan within two weeks of referral;

- c. Provider will implement, review and change the plan as needed, while maintaining or building team cohesiveness and mutual respect, as evidenced by youth/family successfully completing Wraparound process;and
- d. Provider will successfully guide youth/family out of formal Wraparound to a mix of formal and natural supports in the community.

Outcome Objectives:

Over time, studies of more than 4 million young people consistently show that the more assets that young people have, the less likely they are to engage in a wide range of high-risk behaviors and the more likely they are to thrive.

Programs supported should be aligned with the following outcomes for the Ramsey County and Youthprise Partnership:

1. Education & Learning Gains:
 - a. Improved school attendance
 - b. Increased participation in out-of-school pro-social activities
2. Positive adult connection/s
 - a. Youth has a positive adult in addition to parent/s/guardian
3. Positive Family Support
 - a. Youth is supported by family circle
4. Recidivism:
 - a. 80% of youth receiving services will not receive a new delinquency adjudication for an offense misdemeanor level or higher during their participation in the program;
 - b. 70% of youth who successfully complete the program will not receive a new delinquency adjudication for an offense at the misdemeanor level or higher within 6 months after program completion; and
 - c. 60% of youth who successfully complete the program will not receive a new delinquency adjudication for an offense at the misdemeanor level or higher within 12 months of program completion.
5. Out-of-Home Placement:

Placements made primarily for treatment of mental health or chemical health conditions or to address other social service needs (e.g loss of domicile) would not be counted as placements for purposes of this goal.

a. 95% of youth participating in the program will not be ordered by the court to an out of home placement for primarily correctional reasons (i.e offense-based intervention services and/or disciplinary action) during participation in the program;

b. 80% of youth participating in the program will not be ordered by the court into an out-of-home placement for primarily correctional reasons (i.e offense-based intervention services and/or disciplinary action) within 6 months of program completion; and

c. 75% of youth participating in the program will not be ordered by the court into an out-of-home placement for primarily correctional reasons (i.e offense-based intervention services and/or disciplinary action) within 12 months of program completion.

6. Re-Offense Risk:

- 80% of youth who successfully complete the program will obtain a reduction in their overall YLSI score when comparing to their YLSI score at the time of admission to their YLSI score at the time of discharge from the program.

7. Additional Data Collection:

a. Client name

b. Date of birth

c. Number in household

d. Systems family is connected to

e. Number of hours Wraparound service provided to youth/family

f. Goal completion

g. Reason for termination

Project Name*

Name of Project

Character Limit: 100

Project Summary*

Provide a one-sentence description of your organization. In addition, include a second sentence describing the primary activities of your proposal.

Character Limit: 2000

Amount Requested*

Amount Requested

Character Limit: 20

Geographic Area*

What is your primary geographic focus?

Choices

Twin Cities Metro

Saint Paul

Minneapolis

Suburban

Rural Minnesota

Grant Number

Grant Number

Character Limit: 100

Project Overview

Project Summary*

Describe partnership.

Character Limit: 3000

Grant Period

Please indicate a start and an end date. For example, January 1, 2015 to December 31, 2015.

Character Limit: 100

Please indicate which activities your project addresses:

Project Description*

Describe your project. List specific deliverables. What will your organization do with funding from Youthprise?

Character Limit: 3000

Project Budget*

File Size Limit: 6 MB

Remember to save your work using the **Save As Draft** button at the bottom of the page.

Family Engagement

Family Engagement Programming*

What is your philosophy in working with children and families? Describe your work in providing intensive, holistic supports/services to youth and families. Describe experience working with families connected to multiple systems.

Character Limit: 10000

High Fidelity Wraparound Model*

Please describe your organization's capacity to implement and sustain the High Fidelity Wraparound Model?

Character Limit: 10000

Juvenile Justice System*

Does your organization have experience with the juvenile justice system?

Choices

Yes

No

Not applicable

If yes, describe your organizations' experience and capacity in providing culturally relevant supports to children and families in the juvenile justice system?

Character Limit: 10000

Evidence Based Practices*

Please describe your organization's experience with implementing evidenced based practices?

Character Limit: 5000

Data Collection*

Does your organization have the capacity for data collection and reporting for this project?

Choices

Yes

No

Not applicable

If yes, describe your capacity and provide name of system for data collection and reporting?

Character Limit: 5000

Youth Engagement

Does your organization employ formal mechanisms to engage youth in decision making?*

Choices

Yes

No

Not Applicable

Describe your organization's current youth engagement practices.*

Character Limit: 3000

My organization has a formal mechanism in place in which youth:

Help to create new programs for youth*

Choices

Never True

Sometimes True

Always True

Have leadership roles in implementing programs*

Choices

Never True

Sometimes True

Always True

Work on evaluating their program*

Choices

Never True

Sometimes True

Always True

Which of these formal mechanisms does your organization use to engage youth?

Governing board participation

Choices

Yes

No

Advisory committees

Choices

Yes

No

Youth councils

Choices

Yes

No

Remember to save your work using the **Save As Draft** button at the bottom of the page.

Organizational Background

Year Founded*

Character Limit: 4

Total Operating Budget from most recently completed fiscal year*

Character Limit: 20

Organization budget*

Income and expense statement for this grant period.

File Size Limit: 6 MB

Most recent audited financial statement, if applicable

File Size Limit: 5 MB

Compliance*

The organization's policies and practices comply with the Americans with Disabilities Act.

Choices

Yes

No

Anti-Terrorism*

Organization agrees that it will not promote, support, or engage in terrorism of any kind, nor will it make sub-grants to any entity or individual that engages in these activities.

Choices

Yes

No

History/Mission and Goals*

Describe your organization's history, mission, and goals and types of programs that serve middle and high school age youth with out-of-school time activities.

Character Limit: 1500

List of board members and their affiliations*

File Size Limit: 2 MB

Total number of board members*

(enter whole number)

Character Limit: 3

Board Composition Race/Ethnicity: (enter whole numbers)

American Indian/Alaska Native*

Character Limit: 3

Asian/Asian American*

Character Limit: 3

Black/African American*

Character Limit: 3

Hispanic or Latino*

Character Limit: 3

Native Hawaiian or Other Pacific Islander*

Character Limit: 3

White or Caucasian*

Character Limit: 3

Multiracial (unspecified)*

Character Limit: 3

Explain Multiracial

Character Limit: 200

Other, Unknown*

Character Limit: 3

Explain Other

Character Limit: 200

Board Composition Gender: (enter whole numbers)

Female*

Character Limit: 3

Male*

Character Limit: 3

Transgender**Character Limit: 3***Racial Equity and Inclusion**

Youthprise is interested in organizations that have a commitment to diversity, equity, and inclusion. In our review process, we will consider how the racial and ethnic composition of an organization's staff and board is reflective of program participants.

Board Role*

Has the organization identified a goal that the board is or will be tracking and monitoring related to how the nonprofit reflects and includes the population it serves?

Choices

Yes

No

Not applicable

Racial Equity and Inclusion Policy

Does your organization have a Racial Equity and Inclusion Policy that has been approved by your board?

Choices

Yes

No

Diversity, Equity, and Inclusion Practice*

Please describe the following:

1. Provide three (3) steps and their related outcomes that your organization will undertake to ensure racial equity and inclusion over the grant period.
2. A list of key staff and their titles that represent racial and ethnic communities.

Character Limit: 1500

Remember to save your work using the **Save As Draft** button at the bottom of the page.

Staff Composition**Total number of staff***

(enter whole number)

*Character Limit: 5***Full-time equivalent***

(enter whole number)

Character Limit: 5

Staff composition race/ethnicity: (enter whole numbers)

American Indian/Alaska Native*

Character Limit: 5

Asian/Asian American*

Character Limit: 5

Black/African American*

Character Limit: 5

Hispanic or Latino*

Character Limit: 5

Native Hawaiian or Other Pacific Islander*

Character Limit: 5

White or Caucasian*

Character Limit: 5

Multiracial (unspecified)*

Character Limit: 5

Explain Multiracial

Character Limit: 200

Other, Unknown*

Character Limit: 5

Explain Other

Character Limit: 200

Staff Composition Gender: (enter whole numbers)

Female*

Character Limit: 5

Male*

Character Limit: 5

Transgender*

Character Limit: 5

Program Participant Race/Ethnicity:
(enter whole numbers)

American Indian/Alaska Native*

Character Limit: 6

Asian/Asian American*

Character Limit: 6

Black/African American*

Character Limit: 6

Hispanic or Latino*

Character Limit: 6

Native Hawaiian or Other Pacific Islander*

Character Limit: 6

White or Caucasian*

Character Limit: 6

Multiracial (unspecified)*

Character Limit: 6

Explain Multiracial

Character Limit: 200

Other, Unknown*

Character Limit: 6

Explain Other

Character Limit: 200

Program Participant Gender: (enter whole numbers)

Female*

Character Limit: 6

Male*

Character Limit: 6

Transgender*

Character Limit: 6

Total annual number of unduplicated youth participants in activities provided by your organization.*

Character Limit: 7

Ages (enter whole numbers)

Less than 5*

Character Limit: 6

5-11*

Character Limit: 6

12-17*

Character Limit: 6

18-25*

Character Limit: 6

Other population groups served by your organization-select "Yes" for all that apply

LGBTQ

Choices

Yes

Immigrant Population and Refugees

Choices

Yes

People with Disabilities

Choices

Yes

Women and Girls

Choices

Yes

Men and Boys

Choices

Yes

School age Youth not Enrolled in School

Choices

Yes

Other

please specify

Character Limit: 150

Remember to save your work using the **Save As Draft** button at the bottom of the page.

Authorization

Please type the name and title of the person who has authorized the submission of this application to Youthprise. Typing the name and title here is an electronic signature.

Name*

Character Limit: 150

Title*

Character Limit: 150

Is your organization a nonprofit organization?*

Choices

Yes

No

Is your organization a public agency or unit of government?*

Choices

Yes

No

Is your organization using a fiscal agent?*

Choices

Yes

No

A fiscal agent is required if the applicant is not a nonprofit or a unit of government. Please provide the following information:

Fiscal Agent Employer Identification Number:

Character Limit: 150

Fiscal Agent Contact

Last Name

First Name

Title

Organization

Contact Email

Contact Phone

Address

City

State

Zip

County

Character Limit: 300

Remember to save your work using the **Save As Draft** button at the bottom of the page.

Attachments

W-9*

File Size Limit: 3 MB